

# Membership Request

Please print out this form and send it to:

Old Church Theater  
PO Box 304  
Bradford, VT 05033

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

Would you like to have a say in how your theater is run? If you are involved in Old Church Theater, you probably already qualify for membership.

Membership gives you the right to vote at our Annual Members Meeting in the fall and help select our board. We also plan on offering other benefits to our members in the coming months.

Please check below to see if you qualify for membership, then return this form to us. That's all it takes. There is no charge for membership.

- I have directed, acted, or been a participant in a production as Set Crew or Backstage Crew (including lighting and sound) within the past 3 years.
- I have ushered, run the box office, or performed other volunteer work three or more times within the past 2 years.
- I have contributed to OCT at the Patron level or higher within the past 2 years.
- I have been a paid Season Ticket holder within the past 2 years.
- I have been a member of the Board of Directors within the past 5 years.